

REAL-Recreation, Enrichment and Learning Program

For Office Use Only:

Date Rec'd _____
Amt. Rec'd _____
Pay. Type _____
Conf. Sent _____

2009-2010 SCHOOL YEAR APPLICATION FORM.

◆ Applications considered only if accompanied by the registration fee.

Please Check Below which service you wish to enroll your child in:

☐ AM Session \$5.00/Daily
7:15 a.m.- start of school

Please Specify School:

☐ E.J. Hayes Middle (AM ONLY)

☐ Jessie Clark Middle

☐ Bryan Station Middle (AM ONLY)

☐ PM Session \$5.00/Daily
School Dismissal- 6:00 p.m.

ESP accepts Checks or Money Orders ONLY at the site. Credit Card payments are accepted in the main office or over the phone at 288-2929. (NO CASH ON SITE)

Make check payable to Parks and Recreation and mail completed application to:

Parks & Recreation- ESP
545 N. Upper St.
Lexington, KY 40508

All Applications must come through the main office to be processed. A \$20.00 registration fee is charged for the school year. The maximum registration fee per family is \$40.00.

Please mail check with application

CHILD INFORMATION

Please print all information and list the best number(s) to reach you in the event of an emergency.

LAST

FIRST

SEX

DATE OF BIRTH

GRADE

ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE: _____

SCHOOL: _____

MOTHER'S NAME: _____

WORK PHONE: _____

FATHER'S NAME: _____

WORK PHONE: _____

GUARDIAN SOCIAL SECURITY : XXX-XX- _____

E-MAIL: _____

Please Call 288-2929 for any questions.

RECREATION, ENRICHMENT AND LEARNING PROGRAM

PARENT CONTRACT

Child's Name _____

I understand and accept the following REAL Policies and Procedures (PLEASE CHECK EACH BOX):

- ☐ I understand that this year's registration fee is to be paid by check or money order **only** and that there will be **no cash** accepted for tuition payments. No cash will be kept on site. I understand that a personal check that is returned for insufficient funds will include a check charge and be handled **ONLY** by the LFUCG Legal Department. Credit Cards are accepted in the Main Office or over the phone at 288-2929.
- ☐ I agree to pay the weekly fee each Friday for that week. I understand that payment not received by 6:00 p.m. Monday will be assessed a \$5.00/day late fee. I understand that failure to pay tuition in a timely manner will result in my child's termination from the program.
- ☐ I understand that opening time is at 7:15 am and/or school dismissal (7:15 a.m. on full days) and that closing time is promptly at 6:00 p.m. Should my child be picked up after the 6:00 p.m. closing time, a penalty of \$5.00 for each fifteen minute period or portion thereof, per child, will be collected that day or added to the next weeks tuition. In the event that my child is not picked up by 7:00 p.m. and I have not contacted the staff, I understand that, according to policy, he/she will be considered abandoned and the appropriate measures and agencies will be contacted to ensure my child's safety.
- ☐ I agree that my child will be signed in/out each day and I understand that I must maintain the sign in/out on a daily basis. I understand that only individuals whom I have named on the authorization form may sign out my child with proper identification. I have the sole ability to make changes on any part of this application but must do so with written conformation. REAL will honor this document in all custody disputes until notified otherwise by legal documentation.
- ☐ I understand that the staff has the authority to refuse my child admission into the program if he/she shows any signs of illness. I agree to keep my child absent from the program if he/she has had a fever or a contagious disease within the twenty-four hour period prior to attending the program.
- ☐ If a medical emergency arises, I/We authorize the staff to contact local Paramedics to provide emergency medical attention for my child. I understand that the staff will make every effort to contact me as soon as possible in the event of an emergency. I /We accept full responsibility for all financial costs that are a result of our child receiving medical treatment not covered by our personal insurance or the supplemental insurance provided by the program.
- ☐ I understand I have accurately stated all medical/health concerns and listed all medicine my child(ren) may need. I also understand that I must provide any medicine according to proper dosage and sign a medical log each day. Any Medical Concerns not listed are grounds for dismissal from the program.
- ☐ REAL reserves the right to dismiss your child from our program in the event that their behavior threatens the safety of our staff and/or the other children in the program. We do not tolerate bullying of any kind.
- ☐ I have read the REAL Parent Handbook and will comply with all the policies and procedures stated therein and in this contract. I also agree to abide by the Civility Policy detailed in the Handbook. I understand that failure to adhere to these policies may result in my child's termination from the REAL program.

Parent/Guardian Signature

Date

MEDICAL AUTHORIZATION FORM

Date of Birth _____ School _____
Child's Name _____ Sex _____ Age _____ Grade Entering _____
Address _____ Zip _____ Home Phone _____
Mother/Guardian _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Father/Guardian _____ Cell Phone _____
Place of Employment _____ Work Phone _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____ Other (please list): _____

EMERGENCY CONTACTS *MUST BE COMPLETED FOR ATTENDANCE*

Name	Relationship to child	Day Time Phone
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Physician's Name _____ Phone _____

Hospital preference in event of an emergency _____

HEALTH AND MEDICAL CONCERNS

List any physical limitations/precautions, allergies, recent surgery, accidents, etc. _____

Please check any of the following your child presently has or has a history of:

_____ diabetes _____ heart condition/heart surgery
_____ ADHD _____ asthma
_____ epilepsy/seizure
_____ need special accommodation due to food allergies/disability, etc.

Please describe: _____
_____ other (Please Specify) _____

If medication is taken on a daily basis please alert Site Director on first day of camp, of the medication to be administered by staff. Appropriate forms will be filled out at that time. Please list child's current medications:

Additional Important Information:

- ☐ Your child's name and name of medication must be clearly marked on the original pharmacy container.
- ☐ Site Director will maintain a medication log as to date, time given, etc.
- ☐ It is the parents'/guardians' responsibility to inform staff of any changes in writing in your child's medication and to sign daily medication authorization.

Signature of Parent/Guardian

Date

CHILD RELEASE AUTHORIZATION

Please list all persons including parent(s) with whom they live who are authorized to pick up the child. Only parent/guardian who has enrolled the child is allowed to make changes to this form and can only do so by written confirmation.

(Note: All persons must be at least 16 years old.)

Child's Name: _____

1. Name _____ Relation to Child _____ Phone _____

2. Name _____ Relation to Child _____ Phone _____

3. Name _____ Relation to Child _____ Phone _____

4. Name _____ Relation to Child _____ Phone _____

5. Name _____ Relation to Child _____ Phone _____

6. Name _____ Relation to Child _____ Phone _____

ANY CHANGES IN THIS FORM MUST BE RECEIVED IN WRITING.

If a medical emergency arises, I/We authorize the staff to contact local Paramedics to provide emergency medical attention for my child. I understand that the staff will make every effort to contact me as soon as possible in the event of an emergency. I/We accept full responsibility for all financial costs that are a result of our child receiving medical treatment not covered by our personal insurance or the supplemental insurance provided by the program.

Parent Signature

Date

FIELD TRIP PERMISSION

Due to the nature of the program, field trips will be taken on a regular basis. Parents/guardians will need to sign a permission slip for each trip, but will be required to advise staff if they **DO NOT** wish their child to attend a field trip. Parents will be notified in advance of all field trips.

Recreation, Enrichment and Learning PROGRAM WAIVER

The undersigned (being of lawful age and the parent/guardian of the undersigned student) having requested that their minor child participate in the Recreation, Enrichment and Learning Program, and related events and activities; and whereas the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette Public Schools are willing to let their minor child participate in the Recreation, Enrichment and Learning Program. The undersigned do hereby waive, release, and discharge the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette County Public Schools from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from the activities of the Recreation, Enrichment and Learning Program.

It is understood that for, and in consideration of, granting permission for their minor child to participate in the Recreation, Enrichment and Learning Program that the undersigned hereby acknowledges that they have received a copy of the Recreation, Enrichment and Learning Program Handbook, have thoroughly familiarized themselves with its contents, and agree to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all times and have advised their child that if he/she should believe any of the facilities or equipment to be unsafe to immediately advise his/her counselor of such condition and refuse to participate further in the activity.

The undersigned acknowledges and understands that the Lexington-Fayette Urban County Government provides the participant with medical/accident insurance during participation in the Recreation, Enrichment and Learning Program, but should the undersigned determine additional coverage is required, said coverage shall be the sole responsibility and expense of the participant.

The undersigned consents to allow the picture or likeness of the participant to appear in any official documentary, sponsor advertisement, or television coverage of an event in any manner incidental to participate in said event and/or program without compensation to me, my heirs, executors and/or agents and administrators.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND FULLY UNDERSTANDS IT.

I further state that I have read the foregoing release and know the contents, thereof, and sign the same as my own free act and it is my intention to be legally bound hereby,

Signed, sealed, and delivered this _____ day of _____, 20____ in Lexington, Kentucky.

Caution: Read before signing below. All parents/legal guardians MUST sign. Witnesses MUST be at least eighteen (18) years of age.

Student's Name: _____

Witness Signature

Parent/Legal Guardian Signature

PERMISSION TO WALK HOME (Optional)

I, _____, give permission for my child _____ to walk home from the REAL program. Below are the days and times he/she has permission to walk home. I understand that the site director will dismiss my child to walk home as close to the dismissal times indicated below as possible. If my child is dismissed to walk home on Mondays, I will send payment with them to the program that day. I will inform my child to give payment to the site director before he/she leaves for the day, to avoid any late fee assessments. I also understand that when my child is dismissed by the site director from REAL to walk home, the Lexington-Fayette Urban County Government Division of Parks and Recreation is no longer held responsible (legally or otherwise) for my child. This dismissal process will be followed by the site director as stated below until written notice is received stating otherwise.

Days and times:

Day		Time
	at	
	at	
	at	
	at	
	at	

Parent/Guardian Signature

Date



Mayor Jim Newberry

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Parent Handbook

The Recreation through Enrichment And Learning program (REAL) is an exciting program designed to provide activities for your middle school child at a reasonable cost. REAL is a cooperative venture of the Lexington-Fayette Urban County Government Division of Parks and Recreation and selected Fayette County Public Schools. It offers student enrichment opportunities to include educational support, positive socialization skills and a variety of leisure activities. This handbook has been designed to provide you with important information and the policies of the REAL program.

Administration and Staff

REAL is administered through the Division of Parks and Recreation. Each REAL site is staffed with a site director who has (or is working towards) a degree in education, recreation, psychology or a closely related field. This person is responsible for close communication with the school principal, staff and participating students. The site director will also ensure quality in program curriculum and will provide continuity between the REAL activities and regular school policies with regard to student conduct. Program staff will include school staff, college students and other individuals skilled in various recreational activities. These individuals will program the daily activities and provide recreational support. REAL will maintain a student to staff ratio of 15-1. All site personnel will receive adequate in-service training prior to employment.

Activities

Both indoor/out door learning opportunities are provided with time for active play as well as time to relax, read, and participate in quiet activities. We provide a nurturing environment yet encourage independence associated with adolescence. Activities include arts and crafts, recreational games, homework assistance, active play, and nature activities. Many activities are centered around a sense of community involvement such as visits to Raven's Run sanctuary, Recycling Centers, McConnell Springs Nature Center, and the Lexington Humane Society.

Costs

A registration fee is due with the application for the school year. Please give your weekly checks (payable to Parks and Recreation) to the REAL site director or program secretary. A \$5.00 late fee per day will be assessed to all payments received after 6:00 p.m. on Friday of the week the child(ren) are attending. Please keep your weekly fees current. Your child could lose his/her spot in the program due to a delinquent account.

The rate is as follows:

\$5.00 per morning session

\$5.00 per afternoon session

You are only charged for the sessions your child attends.

FULL DAYS: \$16.00/day * Full day programs will **only** be offered if 10 Students register in advance. (On Full Days the program is open from 7:15am to 6:00pm)

Arrival & Pick-up

An adult (minimum of 16 years old) must sign each child in and/out of the REAL program. Failure to sign in or out can result in the termination of REAL services. Parents must enter their child's arrival and/or departure time on the sign in/out form. Parents or an authorized person must accompany the child to and from the REAL office. The REAL staff cannot accept the responsibility for children left at the door that have not been signed in by an adult.

Closing time is 6:00 p.m. Should a child be picked up after the closing time, the parent or guardian is assessed a penalty of \$5.00 up to 6:15 p.m. and \$5.00 for every additional fifteen minute period or portion thereof per child. This fee is to be paid when the child is picked up. After 6:00 p.m., if a parent has made no contact, a responsible party from your emergency contact list will be contacted to come to the site and pick up your child.

(OVER)

If no one is available from your emergency list, the local police will be contacted at 7:00 p.m. and the child will be taken into protective custody until a parent can be located. Failure to pick up your child by 6:00 p.m. on a regular basis is grounds for dismissal from the REAL program.

The only persons allowed to pick up a child are those indicated on the child's authorization form. The staff reserves the right to ask for proper identification and to refuse to release the child if a person is not on the child's authorization form. If someone other than the parent or guardian is to pick up the child, a signed note must be sent to the site and it must be indicated on the sign in/out form for your child for that day.

Illnesses

REAL cannot provide for sick children. Please do not send your child to the program if he/she is ill. We are concerned for the health and welfare of each child; therefore, we require that your child be picked up as soon as possible in the event that he/she becomes ill at the program.

Behavior Management

Standards of behavior in the REAL sites parallel those in the school classroom. Children are expected to respect the staff and to follow the rules. All rules are directed toward avoiding injury to persons or property while insuring fairness. To insure a safe, courteous and positive environment, it is necessary to firmly deal with unacceptable behavior. Discipline in REAL is assertive rather than aggressive. A disruptive child may be removed from a group situation to regain self-control or be denied a privilege. The goal of the program is for children to accept responsibility for their own behavior, both the rewards and consequences. Any form of discipline that would impair a student's self respect is avoided.

In the event that a child's behavior endangers another child or staff's welfare, is destructive to property, or disrespectful to authority, he/she will be given a discipline referral with a copy given to the parent. In the event that the site director deems it necessary, parents may be called to pick up their child immediately. Four discipline referrals during the school year will result in the child being dismissed from the program.

Please help us provide a safe, courteous environment for all students and staff by emphasizing appropriate behaviors at home and by supporting the REAL staff in the event that a discipline problem may arise. Our goal is to assist children in learning to take responsibility for their actions and receive the natural rewards and consequences that their actions may bring. Behavior management is a day-to-day lesson in learning to make correct choices as well as learning how to interact positively with both children and adults.

REAL Civility Policy

It is the intent of the REAL program to provide a positive environment for socialization as well as learning. To that extent, every adult that comes through the doors becomes a role model for positive socialization skills and effective problem management. The REAL program reserves the right to deny service to any child whose family members or associates do not exhibit the appropriate behavior for an environment of growth and learning. All parents and associates are reminded that displays of anger, inappropriate behavior, and physical abuse can result in the termination of services to that entire family. The REAL management staff reserves the right to determine what constitutes an infraction. Swearing, threatening gestures, raised voices, and intoxication are several good examples. Serious infractions may be referred to the proper authorities.

Emergency Situations

In the event of an emergency or natural disaster, the following procedures will be in effect.

All children will follow the school site disaster plan that is posted.

All children will be kept at the school until they are picked up by the parent or other authorized person. A person authorized by the parent to pick up a child will be asked to present identification to the staff.

Should it be necessary to evacuate children from the school, the evacuation site will be posted on the school door and every effort will be made to contact parent or guardians.

Staff members will remain at the site with the children until they are released to the parent or authorized person.

Please keep the emergency information sheet in your child's file current to assist the REAL staff in the event of any emergency.

Parent Involvement

Families are an important part to the REAL program. An information area will be located near the REAL program sign in/out form. Please check here regularly for information on upcoming events.

Tax Information

The Lexington-Fayette Urban County Government tax ID number is 61-0858140. The address for Parks and Recreation is: 545 North Upper Street, Lexington, Kentucky 40508. We do not automatically provide yearly reports. Please save your cashed checks for your records. Receipts are available weekly from the site director or secretary for your childcare costs.

If you have any questions or concerns, please call the Parks & Recreation ESP office at (859) 288-2929.

Our office is open Monday - Friday, 9:00 a.m. - 5:00 p.m.